

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

THIS SPACE FOR OFFICE USE ONLY

'13 APR 17 A10:55

STATE OF HAWAII

LOBBYIST REGISTRATION FORM TE ETHICS COMMISSION

(Type or Print Clearly) LOBBYIST PART I (First) (Middle) **TELEPHONE** NAME (Last) MAILING ADDRESS (Street) **EMAIL** dehin@carlsmith.com (Zip Code) Hono Julu Hawaii

EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) 96813 TELEPHONE Carlsmith Ball LLP MAILING ADDRESS (Street) ASB Tower, Suite 2200, 1001 Bishops Street
(City) (State)

Honolulu Howaii 96813

PART II ORGANIZATIOI	N	
NAME OF ORGANIZATION YOU	TELEPHONE	
Hawaii Pilots	(808)532-7233	
MAILING ADDRESS (Street)		(808)532-7233 FAX(808)532-7229
P.O. BOX 721		EMAIL
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96808
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Sinclair Brown		(808)532-7233 FAX (808)532-7229
MAILING ADDRESS (Street)		FAX (808) 532 -7229
P.o. Box 721 (City)		EMAIL
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96808

LREG 09/2009

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	☐ Tourism & Recreation	
Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation	
Culture, Arts, Historic Preservation	☐ Health	<ul><li>Planning, Land &amp; Water Use Management</li></ul>	Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	☐ Public Safety & Corrections		
PART IV CERTIFICATIO				
I hereby certify that the	e information furnished abou	ve is, to the best of my knowle	edge, correct and complete.	
			4/18/13	
(Signature of Lobbyist)		(Date)		
PART V AUTHORIZATI	ION TO LOBBY			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Singlair Brown	~	Vice-President		
NAME OF ORGANIZATION (if a			TELEPHONE	
Hawaii Pilots Association			(808) 532 - 7233	
MAILING ADDRESS (Street)			(808)532-7233 FAX (808)532-7229	
P. o. Box 721 (City)	<u>~~</u>		EMAIL	
(City)	(State)		(Zip Code)	
Honolulu	Hawas	·;	96808	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.				
Sincle	S. Bron		13 APRIL 2013	
(Signature of Authorizing Officer or Person Represented)		(Date)		

LREC 00/2000 Page 2 of 2